

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006468  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1202 Registrar's No. 1412

**FILED MAR 15 1963**

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in 1b <u>6+ Years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mercy Manor Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>918 E. 9th St.</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) <u>Edith</u> First <u>CURRIGAN</u> Middle <u></u> Last			4. DATE OF DEATH Month <u>MARCH</u> Day <u>3</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-27-1898</u>	9. AGE (last birthday) <u>64</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>
11. BIRTHPLACE (City and state or country) <u>OSWEGO, KANSAS</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>JAMES M. CURRIGAN</u>			13b. MOTHER'S MAIDEN NAME <u>MARY J. MCKOHN</u>		
14. NAME OF HUSBAND OR WIFE <u>NONE</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give unit and dates of service) <u>YES</u> <u>WWII</u>		
16. INFORMANT <u>Mrs. Mary G. Berger</u>			17. ADDRESS <u>K.C., Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) arterio-sclerotic Cardiovascular

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) advancing years

DUE TO (c) thrombosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>7:30</u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>KANSAS CITY</u>
21. I attended the deceased from <u>March '61</u> to <u>March '63</u> and last saw <u>her</u> alive on <u>Jan 22-63</u> . Death occurred at <u>7:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <u>1324 Prof. Alley NW</u>	
22a. SIGNATURE <u>R Paul Wright M.D.</u> (Degree or title)	22b. ADDRESS <u>1324 Prof. Alley NW</u>	22c. DATE SIGNED <u>March 4-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3-3-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oswego Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Oswego KANSAS</u>
24. FUNERAL DIRECTOR <u>Muehlebach</u>	25. ADDRESS <u>6800 Troost</u>	26. DATE RECD. BY LOCAL REG. <u>3-4-63</u>	27. REGISTRAR'S SIGNATURE <u>Ruth H Long</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF
16	Mrs. Mary G. Berger	202-760-07
17	Mrs. Abraham Burger	3-7-63

DOCUMENT

BY AFFIDAVIT OF Informant

Paul Wright MEDICAL CERTIFICATION

Dr. Paul Wright  
Prof Bldg  
1230 5500

0151-25-221

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Robert L. Landes*

Licensed Embalmer No.

*5103*

P. O. Address

*K. Q. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.